U.S. Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

LOCAL 802

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under PIL 88 257 is smended. Fedure to comply may result in criminal prosecution, lines, or civil penalties as provided by 28 U.S.C. 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

VANC DROY	
1 File Number U 720 O	2 Fiscal Year Covered From
·	01/01/2005 Through 12/31/12005
3 Name and address of person fling	4 Name file number and address of labor organization
Name ; DAVID M LENNON	Name LOCAL 802, AMEXICAN FEDERATION OF Musicians Labor Organization File Number 010790
PO Box Bidg Room No If any APT 710	PO Box Building and Room Number If any NJA
Street : 2350 BROADWAY	street 322 WEST 48th Styret
CITY NEW YORK	CHY NEW YORK
State NEW YORK ZIP Code +4 10024	State NY 21P Code + 4 10036
5 Position in labor organization PRESTDENT	3

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employers your organizations.	derived income or other economic benefit of on represent
6 Name and address of Employer (Including trade name if any)	7 s Nature of Interest Transaction or Income
Name NEW YORK PHIHAMONIC	OPENING NIGHT Penformance (9/21/05)
Trade Name If any	(114103)
PO BOX BIDG ROOM NO of any AVERY FISHER HALL	7 b Amount
Street 10 LINCOLU CENTEN PIAZA	
CITY NEW YORK	\$ 200.00
State HEW YORK ZIP Code + 4 10023	

AHACHED ADDENDUMB) SIgnature

15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned a knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Spines Mh

on 3/29/61

(212) 245-4802 Telephone Number